

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012991

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3572

FILED APR 8 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST LOUIS**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY

c. CITY
OR TOWN **ST LOUIS**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **3203 ARSENAL**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
3203 ARSENAL

Reside on Farm.
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **EDWARD** Middle **J** Last **BACIK**

4. DATE OF DEATH
Month **MAR.** Day **27** Year **1963**

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married: ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
OCT 13 - 98

9. AGE (last birthday)
64

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY
BEER BOTTLER

11. BIRTHPLACE (City and state or country)
ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

CYRIL BACIK

13b. MOTHER'S MAIDEN NAME

KATHERINE SUEDEKAMP

14. NAME OF HUSBAND OR WIFE

AMELIA BACIK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

7199 AMELIA BACIK 3203 ARSENAL

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lung

INTERVAL BETWEEN ONSET AND DEATH

over 18 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **30 Sept. 1961** to **27 Mar. 1963** and last saw him alive on **23 Mar. 1963**
Death occurred at **140 A** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert A. Nye, M.D.

22b. ADDRESS

3201 Arsenal St. St. Louis Mo

22c. DATE SIGNED

27 Mar. 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/29/63

23c. NAME OF CEMETERY OR CREMATORY

ST PETER & PAUL Cem

23d. LOCATION (City, town, or county)

ST LOUIS

(State)

Mo

24. FUNERAL DIRECTOR

Thos Rutes 2906 Yvonne

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAR 28 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

2/6/63

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elena Province

Licensed Embalmer No. 3403

P. O. Address 7906 Gannon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Mr. Wepe
3201 Avenue
Pr 2-2754